DISCLOSURE SUMMARY PAGE

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

COMMITTEE NAME: (Must be same as on Statement of Organization) K. J. D. S. (C. J.M.) 10:00 Me A. S. D. M. C. H.M.) IMPORTANT: Indicate type of committee you are reporting for: (1) Statewide/Legislative Candidate (2) Statewide/PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Beliot Issue/Franchise Committee (7) County/City Central Committee (8) Support State of Candidates (8) Support State of Candidates (1) Magnific Committee (1) County/City Central County/City Central County/City Central County/City Central County/City Cen	For Office Use Only Comm. # Q/(Indexed S/ Audited Computer	.07_
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE	DATE SIGNE	
Routine Penalties Due For Late Filed Reports Range f	rom \$20 to \$800	
	ECTION /(2)NON-ELECTION Y	
CHECK IF AMENDMENT TO REPORT DATED	Local Committees, enter Date of E 2-17-02	Election
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a Notice of Dissolution is filed.)	County & Local Committees, enter which Election is held	r County in
STATEMENT OF CASH ON HAND		
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)	s 8.92	
ADD TOTAL MONEY TAKEN IN THIS PERIOD	31,08	
Schedule A: Cash Contributions total (Attach Schedule A)		
Schedule F: Loans Received total (Attach Schedule F)		
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		· ·
(Schedule H applies to Candidates' Committees Only)	11000)
SUB-TOTAL SUBTRACT TOTAL MONEY SPENT THIS PERIOD	70.00	
Schedule B: Expenditures total (Attach Schedule B)	40.0	0
Schedule F: Loan Repayments total (Attach Schedule F)	·- •	
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	0 01)
JNPAID BILLS (From Schedule D - Attach Schedule D)	\$	
N KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	_	
DUTSTANDING LOANS (From Schedule F - Attach Schedule F)	<i>(</i>)	
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES	_ NO

(Rev. 01/98)

CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	, •	(Rev. 06/97)	RECEIPTS
(133331)	, o	Пан	ECK THIS BOX IF
COMMITTEE NAME (Must be same as on State	ement of Organization)		ENDING FORM

COMMITTEE NAM	E (Must be same as on Statement	t of Organization)
KIDS	Key Improvements	Dine Smarky)

. 00-077	MECEIP 18
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

12-27-02 DB	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
ID#	12-27-02	CKI CHS/T	MARK Pole to 3153 14514 LANE LUCCOU ARD TA SUZZO	NJA	\$ 31.08	
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SUB-TOTAL

TOTAL (if last page of this schedule)

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTE	E NAME (Must be	same as on Statement of Organization)		
	•	(Key Improvements Done Sma	artly)	
DATE	CANDIDATE ID NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE	PURPOSE (DESCRIBE TRANSACTION)	

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
12/27/02	ID# @ASHERS CK# (HECK LASTS 6616	Towa Ethics and Confugn Diclosure Board	FINE	\$ 40.00
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	ID#			
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	<u> </u>		OUD TOTA	1 2 (1 , 00)

SUB-TOTAL \$ 40

TOTAL (if last page of this schedule) \$ 40

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)